

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: PROCESS FOR THE PRODUCTION OF A
MULTIDIRECTIONAL TEXTILE
PREFORM AND PIECE OF COMPOSITE
MATERIAL INCORPORATING SAID
PREFORM
0515-1066
Attorney Docket Number::
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 3B
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
~~Contract or Grant Numbers::~~
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: OLIVIER
Middle Name::
Family Name:: KERN
City of Residence:: MERIGNAC
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 83, AVENUE BON AIR

City of Mailing Address:: MERIGNAC
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33700

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: JEROME
Middle Name::
Family Name:: BERTRAND
City of Residence:: BORDEAUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 336, AVENUE DU MARECHAL DE LATTRE
DE TASSIGNY

City of Mailing Address:: BORDEAUX
State or Province of Mailing Address::

Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33200

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: LOIC
Middle Name::
Family Name:: ROUSSEAU
City of Residence:: ST AUBIN DE MEDOC
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: RESIDENCE LES PINS
"LES CATALANS"
City of Mailing Address:: ST AUBIN DE MEDOC
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33160

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: FRANCIS
Middle Name::
Family Name:: HAICAGUERRE
City of Residence:: ST MEDARD EN JALLES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 35, RUE FRANCOIS PEYCHAUD

City of Mailing Address:: ST MEDARD EN JALLES
State or Province of Mailing Address::

Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33160

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 10495	8/22/02	Yes

Assignment Information

Assignee Name::
Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::